

APR - 7 2014

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKRafael Leer I.D.# 12ASSSI
incident happen on my previous bid #09A4768

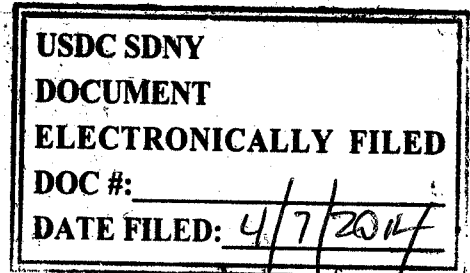
(In the space above enter the full name(s) of the plaintiff(s).)

AMENDED
COMPLAINTunder the Civil Rights Act,
42 U.S.C. § 1983

-against-

N.Y.S. DOCS. BRIANT FISHER
Sgt. Fisher
Sgt. Richard A. MOSS,
C.O. HANEL, HARMON, JO'S
C.O. FRANCISCO, CARABALLO
C.O. ENRIQUE, MALDONADO AT-ALLJury Trial: ☒ Yes ☐ No
(check one)13 Civ. 08529 JPO
13-CV-08529(JPO)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)



I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff's Name Rafael Leer
 ID# 12ASSSI
 Current Institution Elmira Correctional Facility
 Address 1879 DAVIS ST. PO. BOX 500
Elmira, New York 14901-0500

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Sgt. Fisher Shield # 564
 Where Currently Employed Sing Sing Correctional Facility
 Address 354 Hunter St. Ossing N.Y. 10562

Defendant No. 2 Name Sgt. Richard A. MOSS Shield # 364
 Where Currently Employed Sing Sing Correctional Facility
 Address 354 Hunter St. Ossinig N.Y. 10562

Defendant No. 3 Name Manel Marmolejos Shield # C.O.
 Where Currently Employed Sing Sing Correctional Facility
 Address 354 Hunter St. Ossinig N.Y. 10562

Who did
what?

Defendant No. 4 Name Francisco Caraballo Shield # C.O.
 Where Currently Employed Sing Sing Correctional Facility
 Address 354 Hunter St. Ossinig N.Y. 10562

Defendant No. 5 Name Enrique Maldonado Shield # C.O.
 Where Currently Employed Sing Sing Correctional Facility
 Address 354 Hunter St. Ossinig N.Y. 10562

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

cc-f A. In what institution did the events giving rise to your claim(s) occur?
Sing Sing Correctional Facility 354 Hunter St
Ossinig NY 10562

B. Where in the institution did the events giving rise to your claim(s) occur?

A-Block flats By Sgt's Post S.G. Richard A. MOSS
was iscorthing me to take my Meds "he save me"

C. What date and approximate time did the events giving rise to your claim(s) occur?

4-14-11 at 8:45 A.m. Aproximate time date

C.F. I was being escorted to medication. Because

I was talking I WAS iscorthing BECOSE I WAS IN keeplock
by S.G. Richard A. MOSS

D. Facts: ON 4-14-11 at 8:45 a.m. while at Sing Sing
C.F. I WAS Bing escorted to medication. BECAUSE I WAS gat fiked
talking Sgt. Fisher came whit 4 other C.O's and start
to Kick And Punch me while on the floor I WAS ALSO

What
happened
to you?

hit with BRASS NUCKLES BY A C.O. he hit me in my face and other parts of my body. I had to receive 10 stitches on my face. my body was bruised all over. Also on the way to the Hospital I was hit more times. While I was in the ER at that facility. S.G. Gisher then made CO ENRIQUE MALDONADO to use the stick then ENRIQUE MALDONADO pulled out a shiving object out his right side of his pocket and placed on his right hand fingers then he put on a medical glove on top the BRASS NOCLE AND while I was handcuffed on the stretcher he hit me in my face. Only Lt. Mejia seen what was happening and told the SGTs and C.O. to stop. And also the nurses scrimed for SGT, Fisher and the 4 C.O. to stop before they kill me, but S.G. Gisher told the nurse on staff to get out of the ER, then S.G. Gisher then made 2 costs pull me out of the stretcher and I fell on my head at that time Lt. Mejia arrive in told the COSAN S.G. Gisher to stop the nurse on staff call Lt. Mejia she and Lt. Mejia same.

III. Injuries: Grome being kill. I was then taken outside Hospital

Was anyone else involved?

Who else saw what happened?

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Injuries I sustained are my body being bruised all over and 10 stitches to my face from the C.O.s use of a pair of BRASS NUCKLES. I still have pain on my back and also on the side of my face. Left shoulder (AD) and the right side of my temple still hurts after 3 years I have to take pain meds still after all the years. I have putstranerck streets and I have to take meds for mental conditions because of the severe beating since that day it not the same person.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Singsing C.F. Grievance Office. ALSO I wrote to
I.G. Attorney General's Office, AND INTERNALS Affairs
ALSO AT the same date. All C.M. Fisher, Superintendent
At the above C.F. only grievance, state they never receive the Gre
uense,

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

At Singsing C.F. Grievance Office At the above C.F.

1. Which claim(s) in this complaint did you grieve?

ALL ABOUT me Being Beaten By C.O's the 10 stitches
on my face, haven't go to Hospital Also my Bruised Body
AND MY HEAD INJURY. I GOT A HOLE IN MY EYELID AND NOSE

2. What was the result, if any?

NONE I NEVER RECEIVED ANY RESPONSE FROM I.G.R.C
THEY CLAIM TO HAVE NEVER RECEIVE MY GRIEVANCE

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

I wrote to The Inspector General's Office, ^{INTERNAL} AND THE
Department of Corrections, Commissioners, AND OFFICE TO COMPEL
Attorney Affairs Commissioner. Brian Fisher AND the
Superintendent At the above C.F. All got my
COMPLAIN EXCEPT THE GRIEVANCE AT SING-SING, C.F.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

NONE FOR I FILE MY GRIEVANCE I NEVER
WENT TO THE TEIR 3 TICKET ONLY A RECORDING
THAT A LIT. ASK ME EXPLAINING WHAT HAPPENING 15 DAYS
LATER I WENT 4 HOME ON 4/29/2011.

A feir 3 fiket was giving to
 me the faculty give a asolt on stat
 I went to cort and plete gilty on the darest
 COMARMOLEto never went to corte to Hing I gat
 6 MONTHS for that the Apoite Harry in the cort violate my Right

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I wrote Commissioner Brian Fisher
 BECAUSE I know I wrote MS: Karen Bellamy on 2-26-13
 AND ASK did she know ABOUT my Grievance
 from Sing Sing C.F. And she wrote me BACK saying
 That she not the Grievance office from Sing
 Sing C.F. know what I am talking ABOUT. she toll me
 to Riet the counsel of C.F. I diet Route the
 counsel And He sent me only 5 pictores And
 MY COMPLINT THAT I Aoud ON 4/17/2011 I gat dose docume

- Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I am ASKING that the Court
 will Rule in my favor And find the State Agency Liable
 for my Injuries. And I want to Be duly compensated
 for my Pain And Suffering Also I Pray that this Court enter
 Judgment Granting me a declaration that acts described
 here in violated my Rights under the Constitution And
 Laws of the united State's And Granting me Compensation
 damages In the Amount of \$5,000,000.01 Against (DOCCS)
 And NYS DOCCS. Commissioner Brian Fisher, And Also
 each defendant jointly And severally. I ALSO seek Punitive
 damages in the Amount of \$50,000,000 I seek these damages
 GOR Eche C.O's in dividuls, GOR \$200,001

Against each defendant jointly and severally. I also seek
a jury trial on all issues triable by jury. I also seek recovery
of their costs in this suit and any additional relief this court deems just

VI. Previous lawsuits:

On
these
claims

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ___ No ☒

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____
 Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ___ No ___
 If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

cc-f

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?
 Yes ___ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____
 Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____
If NO, give the approximate date of disposition _____
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 3 day of APRIL, 2014

Signature of Plaintiff x Rafael Lee
Inmate Number 12A5551
Institution Address Elmira Correctional Facility
1879 Davis St. P.O. Box 500
Elmira, New York
14901-0500

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

cc. 6

I declare under penalty of perjury that on this 3 day of APRIL, 2014 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

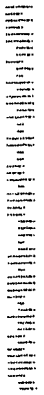
Signature of Plaintiff: x Rafael Lee

Leery, RA

ELMIRA

P.O. Box 500, C.13, 12

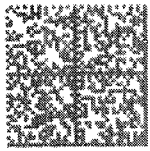
ELMIRA, New York 14902-0500



ELMIRA



CORRECTIONAL FACILITY



049J02055324

\$01400

04/03/2014

Mailed From 14901

US POSTAGE

140



C.13.12

APR - 7 2014
FBI SE

to: Pro se office
us. District of New York
500 Pearl Street, Room 230
New York, NY 10007

Legal Mail